

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046493

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 3539

STATE FILE NUMBER

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
14000						
24029						
3						
4 1						
5 2						
6						
7 0						
8 2						
94200						
10						
11						
1286-0						
13						
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ					

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) - a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oakland		c. CITY OR TOWN Ladue	
Length of stay in 1b 2 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda-Dilworth Home		d. STREET ADDRESS (If outside, give location) #10 Ellsworth Ln.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MINNIE Middle NMI Last MIKKELSEN		4. DATE OF DEATH Month Nov. Day 18 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-7-1879
9. AGE (last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cafeteria Worker		10b. KIND OF BUSINESS OR INDUSTRY School	
11. BIRTHPLACE (City and state or country) Rolla, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Bernhardt Bell		13b. MOTHER'S MAIDEN NAME Wilhelmina Thomas	
14. NAME OF HUSBAND OR WIFE C. L. Mikkelsen		17. INFORMANT Address Edwin C. Mikkelsen, above	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart disease DUE TO (b) (nt heart failure) DUE TO (c) Obstructive Emphysema PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Long standing Lung fibrosis and emphysema PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 1:10 s.m. p. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from July 1961 to Nov. 18 1963 and last saw her alive on 11/18/63 Death occurred at 1:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE O. Deabauh MD		22b. ADDRESS 105 W. Lockwood Ave. St. Louis 19, Mo.	
22c. DATE SIGNED 11-19-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Buried	
23b. DATE 11-20-63		23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery	
23d. LOCATION (City, town, or county) St. Louis Co., Mo.		25. DATE RECD. BY LOCAL REG. 11-19-63	
24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.		26. REGISTRAR'S SIGNATURE John B. Murphy MD	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Melvin Bartow

Licensed Embalmer No. _____

4903

P. O. Address _____

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.